your guide to

Choosing a Nursing Home

THIS BOOKLET EXPLAINS...

- ► Key Issues.
- ► Alternatives to Nursing Homes.
- ► Important Selection Factors.
- ► Nursing Home Resident Rights.
- ► Nursing Home Checklist.
- ► Sources of Help and Information.

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READER NOTICE

The Health Care Financing Administration (HCFA) is the Federal Agency that oversees Medicare and Medicaid. Because most nursing home care is financed by Medicare or Medicaid, HCFA has to make sure nursing homes provide good care to residents. HCFA has a nursing home initiative which focuses on assuring quality care. This initiative has three parts: education, empowerment, and enforcement which are described below. This publication is designed to educate the reader about some important issues in nursing home care.

EDUCATION

Physical or chemical restraints on residents should be limited to circumstances where the resident's medical symptoms warrant them.

Residents must have enough of the right food and fluids to be healthy.

Resident abuse and neglect must not be tolerated.

EMPOWERMENT

Read admission agreements carefully and know your resident rights under Federal law.

Do not make a pre-payment or a cash deposit just to get into a nursing home if your care will be covered by Medicare or Medicaid.

Do not give up the right to apply for Medicare or Medicaid benefits or give up any transfer or discharge rights you may have.

ENFORCEMENT

When you see this symbol (), look in the back of this publication for the telephone number of agencies that work with HCFA to assure quality nursing home care. They can help you with questions or concerns you may have about nursing home care.

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INTRODUCTION

nursing home is a residence that provides a room, meals, skilled nursing and rehabilitative care, medical services, and protective supervision to residents. It also provides residents with help with daily living and recreational activities. Many nursing home residents have physical, emotional or mental impairments which keep them from living independently. Nursing homes are certified by State and Federal government agencies to provide levels of care which range from custodial care to skilled nursing care that can only be delivered by trained professionals.

Selecting a nursing home is one of the most important decisions that you may be asked to make. Depending on where you live, there may not be many choices in selecting a nursing home. This booklet outlines a step-by-step process that will help you compare nursing homes and make the best possible choice. This booklet also lists some key resources that will help you find the nursing home or long-term care facility that fits your needs.

If you must select a nursing home with little notice—during a family crisis or right after a serious illness, this publication should still give you valuable information about nursing homes and about the people who are able to help you if you have any concerns.

This publication is not a legal document. The official provisions of the Medicare and Medicaid programs are contained in the relevant laws, regulations, and rulings.

On any given day, nursing homes care for about one in twenty Americans over the age of 65.

TALK TO PEOPLE

Before you begin to search for a nursing home, talk with people you trust and who can help you make a good choice. This group could include family and friends. It also could include a variety of health professionals like doctors, dietitians, social workers, and hospital discharge planners, who understand your special needs. Discuss your care needs and options with your group. They may be willing to help you.

If you are helping someone who is about to go into a nursing home, get them involved as much as possible. His or her wishes need to be respected. People who are involved from the beginning are better prepared when they move into a nursing home. If the person you are helping is not alert or able to communicate well, keep his or her values and preferences in mind. Finding a nursing home that provides the right services in a pleasant, comfortable atmosphere often requires work.

Ideally, you will have enough time to plan ahead, examine several nursing homes, and make good financial plans. Planning ahead gives you more control over the selection process, eases the stress of choosing a nursing home, and helps you make a good choice.

The likelihood of being a resident of a certified nursing home increases with age.

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LOOK AT OPTIONS

The Elder Care
Locator can help you
find necessary and convenient services that
serve the elderly in
their community.
1–800–677–1116

In most communities, people who cannot live independently may choose from a variety of living arrangements that offer different levels of care. Before deciding on a care setting, talk to a doctor or maybe a social worker about your care needs. Most people want to stay in their home for as long as possible. However, if you are considering staying at home, make sure you know the amount of responsibility and work involved. If you cannot live independently, but don't want to live in a nursing home, you may want to consider some of the alternatives listed below.

Home and Community Care

A person who is ill or disabled may be able to get help from a variety of home services that might make moving into a nursing home unnecessary. Home services include Meals on Wheels programs, friendly visiting and shopper services, and adult day care. These programs are found in most communities.

If you are considering home care, discuss this option with family members to learn if they are able to help provide your care or help arrange for other care providers to come to your home. Some nursing homes may provide respite care and admit a person in need of care for a short period of time to give the home care givers a break.

Depending on the case, Medicare, private insurance, and Medicaid may pay some home care costs that are related to medical care.

Subsidized Senior Housing (Non-Medical)

There are Federal and State programs that help pay for housing for older people with low to moderate



incomes. Some of these subsidized facilities offer assistance to residents who need help with certain tasks, such as shopping and laundry. Residents generally live independently in an apartment within the senior housing complex.

Assisted Living (Non-Medical Senior Housing)

If you only need help with a small number of tasks, such as cooking and laundry, or reminders to take medications, assisted living facilities may be an option worth considering. "Assisted living" is a general term for living arrangements in which some services are available to residents who still live independently within the assisted living complex. In most cases, assisted living residents pay a regular monthly rent, and then pay additional fees for the services that they require.

Usually, payment for assisted living care is not subsidized by other programs.

Board and Care Homes

Board and Care homes are group living arrangements designed to meet the needs of people who cannot live independently, but do not require nursing home services. These homes offer a wider range of services than independent living options. Most provide help with some of the activities of daily living, including eating, walking, bathing, and toileting. In some cases, private long-term care insurance and medical assistance programs will help pay for this type of living arrangement. Keep in mind that many of these homes do not get payment from Medicare or Medicaid and are not strictly monitored.

Talk with people you trust before you make a decision about the type of care you may want.

Continuing Care Retirement Communities (CCRCs)

CCRCs are housing communities that provide different levels of care based on the residents' needs from independent living apartments to skilled nursing care in an affiliated nursing home. Residents move from one setting to another based on their needs, but continue to remain a part of their CCRC community. Be sure to check the record of the CCRC's nursing home. Your CCRC contract usually will require you to use it. Many CCRCs require a large payment prior to admission and also charge monthly fees. For this reason, many CCRCs may be too expensive for older people with modest incomes.

Summary of Options

The options discussed in this chapter may work for people who require less than skilled care, or who require skilled care for only brief periods of time. Many people with long-term skilled care needs require a level and amount of care that cannot be easily handled outside of a nursing home.

GATHER INFORMATION

If you decide that a nursing home is the right choice, begin to gather information about the nursing homes in an area near your family and friends. The first step is to talk with your doctor or other health providers for suggestions. Then, look in the phone book. Your yellow pages list local nursing homes. Word of mouth can be a good source of information. Ask your friends and neighbors if they know people who have lived in local nursing homes. Also, your State or county Office on Aging (in the blue pages of your phone book) should have a listing of nursing homes in your area.

Nationwide, there are more than 600 Long-Term Care Ombudsman programs. They are a very good source of information and can be an important resource to nursing home residents, their families, and friends. Ombudsman volunteers visit nursing homes on a regular basis. They can provide information about how homes are organized and regulated. Ombudsmen should know about the strengths and weaknesses of nursing homes in their area. They can work to resolve problems such as poor care, dietary needs, and financial issues. Ombudsmen also can help you determine how problems in nursing homes can be best handled. (
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Although Ombudsman programs are not allowed to recommend one nursing home over another, they can provide the results of the latest State inspection on the home and some information about the nursing home's complaint history. Nursing home inspections are discussed in Chapter 6. Ombudsman programs can help explain any information that is not clear and

In 1999, there were about 16,000 certified nursing homes in the U.S. . . .

and 1.5 million people were living in them.

can give general advice on what to look for when visiting the various area nursing homes. (

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Another good source of information is the new Nursing Home Compare database at Medicare's Internet website **www.medicare.gov**. It gives you information about every Medicare and Medicaid certified nursing home in the country and the results from their latest nursing home inspection. You can search for nursing homes by geographic area and get a side-by-side comparison of important information like quality of care (bed or pressure sores are an example). The information is in an easy to read chart format. If you do not have a computer, your local library or senior center may be able to help you access the Internet.

EVALUATE FACTORS

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he next step is to call the nursing homes on your list. Ask about the following factors. They are **very important** and can narrow your list of nursing homes.

Location

Location is very important. If you choose a nursing home that is close to your family and friends, they may be able to visit you more often, and you may feel less lonely. Also, they can act as your advocate (supporter) if you need one.

Availability

Nursing homes have a limited number of beds. When you find a nursing home you like, you should find out if there will be a bed available for you or if you can add your name to a waiting list. Although nursing homes do not have to accept all applicants for admission, they do have to comply with Civil Rights provisions that prohibit discrimination based on race, religion, etc.

On average, 8 out of 10 beds in certified nursing homes are occupied.

Staffing

It is important that the people who work in a nursing home are capable of performing their duties. This helps make sure that the residents are cared for and enjoy a good quality of life. Chapter 7 and the Check List in this publication have more detailed information.

Medicare and Medicaid

If you will be using Medicare or Medicaid to pay for your care, make certain that the nursing homes on your list accept Medicare or Medicaid payment. Often, a facility will set aside only a few beds for Medicare or Medicaid residents. Find out if the home will have In 1996, nursing home expenditures were about \$78.5 billion.

Medicare beneficiaries pay coinsurance amounts and other charges for personal services when they become due. They do not pay before the service is given.

Medicare or Medicaid "beds" available when you need one. This is particularly important for people who change from paying privately to Medicaid during the course of their stay at a nursing home. When this happens, if "Medicaid" beds are not available, you may have to transfer to another facility. Even when Medicaid certified beds are available, under current law, a nursing home does not have to give one to a resident.

Services and Fees

The nursing home must inform you, in writing, about its services, charges, and fees before you enter the home. Most facilities charge a basic rate that covers room, meals, housekeeping, linen, general nursing care, recreation, and some personal care services. There may be extra charges for personal services, such as haircuts, manicures, and telephones. Get a copy of the fee schedule in advance so you can compare them with other homes.

Religious and Cultural Preferences

Do the nursing homes on your list offer the type of religious and cultural environment that you prefer, including any special diets your faith practice may require?

Language

Do the staff and many of the residents speak your primary language? If not, you may not be able to communicate your needs and may feel lonely in the environment.

Special Care Needs

Are the nursing homes on your list able to provide care for any special medical condition you may need? Examples of medical conditions are dementia, End-Stage Renal Disease (ESRD), or Alzheimers.

PAYING FOR CARE

or most people, finding ways to pay for nursing home care is a major concern because it is so expensive. There are several payment methods to consider.

Medicare

Under certain limited conditions, Medicare will pay some nursing home costs for Medicare beneficiaries who require skilled nursing or rehabilitation services. To be covered, you must receive the services from a Medicare certified skilled nursing home after a qualifying hospital stay. A qualifying hospital stay is the amount of time spent in a hospital just prior to entering a nursing home. This is at least three days. To learn more about Medicare payment for skilled nursing home costs, contact your Medicare Fiscal Intermediary or the State Health Insurance Assistance Program (SHIP) in your State. (

nursing home residents.

Medicaid

Medicaid is a State and Federal program that will pay most nursing home costs for people with limited income and assets. Eligibility varies by State. Check your State's requirements to learn if you are eligible. Medicaid will pay only for nursing home care provided in a facility certified by the government to provide service to Medicaid recipients. For more information about Medicaid payments, call the SHIP for your State (**(**) or call your State's Medicaid office. The telephone number is in the blue pages of the phone book.

In 1996, private payments for nursing home care were about \$30.2 billion.

Medicaid is the pri-

mary payer for

about 7 out of 10

Personal Resources

About half of all nursing home residents pay nursing home costs out of their own savings. After these



savings and other resources are spent, many people who stay in nursing homes for long periods eventually become eligible for Medicaid.

Managed Care Plans

A managed care plan will not help pay for care unless the nursing home has a contract with the plan. If the home is approved by your plan, learn if the plan also monitors the home for quality of nursing care.

Medicare Supplemental Insurance

This is private insurance. It's often called Medigap because it helps pay for gaps in Medicare coverage such as deductibles and co-insurances. Most Medigap plans will help pay for skilled nursing care, but only when that care is covered by Medicare. Some people use employer group health plans or long-term care insurance to help cover nursing home costs.

Long-Term Care Insurance

This is a private policy. The benefits and costs of these plans vary widely. For more information on these plans, contact the National Association of Insurance Commissioners (NAIC). It represents state health insurance regulators and has a free publication called A Shopper's Guide to Long-Term Care Insurance. You also can get a copy of the Guide to Health Insurance for People with Medicare by calling 1-800-MEDICARE.

Counseling and Assistance

SHIPs (**(**) have counselors who might be able to answer your questions about how to pay for nursing home care, the coverage you may already have, or whether there are any government programs that will help with your expenses.

Write to the NAIC: Publications Department 120 West 12th Street Suite 1100 Kansas City, MO 64105

The number for the Medicare toll free line is 1-800-633-4227.

If you use a TTY/TDD line, the telephone number is 1-877-486-2048.



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VISIT NURSING HOMES

he nursing home visit is a very important step in selecting the right nursing home for you. A visit gives you an opportunity to talk with nursing home staff and, more importantly, with the people who live and receive care at the nursing home.

When you visit the nursing home, you will probably be given a formal tour. This is a useful introduction to the home, but it is important that you are not overly influenced by a guided tour. Use this time to evaluate the overall atmosphere of the home.

When the tour is over, tell the nursing home staff you may want to return, but don't want another formal tour. Get some suggestions of different times of the week and day to visit. This should give you a complete picture of the services and activities available to residents. When you return, make sure to check with nursing home staff before entering resident care areas. Respect resident privacy when walking around.

The Nursing Home Inspection

Near the end of your visit, ask to see a copy of the nursing home's most recent inspection. An inspection is a written report that says how well the nursing home meets Federal health and safety requirements. This report is like a snapshot. It shows what deficiencies were found at the time of the inspection. Deficiencies are rated on scope and severity. Scope tells you how often a certain problem occurs. Severity tells you how seriously the problem impacts the health and safety of residents.

Nursing homes are inspected about every nine to fifteen months. Usually this is done by employees of the State where the nursing home is located. Nursing

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The Check List at the end of this publication will give you some more ideas on questions to ask.

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See Nursing Home Compare at www.medicare.gov for help. homes that do not meet State and Federal requirements are subject to fines and other penalties if their deficiencies are not corrected. By law, the nursing home inspection report must be posted in an area that is convenient for residents and their visitors to see. (

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Quality of Life

The law requires that residents receive the necessary care and services that will enable them to reach and maintain their highest practicable level of physical, mental, and social well-being. In the last decade, different laws and regulations also have been passed to raise the quality of life and standards of care for nursing home residents.

When considering a nursing home, it is important to remember that people who are admitted into nursing homes do not leave their personalities at the door. They keep life-long preferences and habits. They still have the basic human need for respect, encouragement, and friendship.

To maintain a good quality of life, nursing home residents:

- Need to keep as much control over the events in their daily lives as possible. People can become very depressed when these basic decisions are made by others or life-long patterns are changed.
- Should have the freedom and privacy to attend to their personal needs, to participate in their care planning, and to examine their medical records.

Nursing home residents rate the way they are treated by staff as an important factor in their happiness.

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Use the tips in the Quality of Life section of the Check List to help you evaluate the nursing home. May only be restrained to treat medical symptoms if using them is reflected in the resident's comprehensive assessment and care plan. Benefits from using restraints should outweigh the risks of harm to the resident.

When you visit a nursing home, keep these questions in mind.

- Does the interaction between residents and the staff seem warm and friendly?
- Most residents must share their room. Do residents have a reasonable choice of roommates? How are differences between roommates resolved?
- Even though space in nursing homes is limited, having a few cherished items can be very comforting. How does the home help protect resident's property and personal items?
- Does the nursing home provide a variety of activities that residents like and allow residents to choose the activities they want to attend? Are there activities for bed-bound patients?
- Are family members encouraged to visit, and are they encouraged to bring special ethnic or religious foods on special or holy days?

Quality of Care

By law, nursing homes must make a thorough assessment of every new resident within two weeks of admission. The assessment covers important issues like the resident's mobility, skin condition, nutritional



and medical status, rehabilitation needs, and daily habits.

Based upon the assessment, the home also must complete a resident care plan that helps each resident reach or keep his or her highest level of well-being. Good care plans are put together by a variety of health care providers as well as the resident, and family and friends. Care plans may change as a resident's needs change.

Unless you have a medical or social work background, it might be difficult to assess the quality of health care the nursing home provides to its residents. However, that does not mean you cannot trust your senses: does the home look and smell clean, is it pleasantly lit, do residents seem relaxed, and do staff seem to respond quickly to call lights for help?

Other ways to evaluate the home are:

- Check the most recent State inspection report. If the home was cited for deficient practices in any quality of care areas, ask staff how they were corrected. (♠)
- Learn if the home has written policies to prevent resident abuse and neglect.
- Does there seem to be enough staff to care for the number of residents.
- Find out how long the current staff have been working at the home.
- If you have special needs (dementia, permanent kidney disease, ventilator dependency), make sure the home has experience in working with people who have had the same condition.

Care plan meetings should be held at times when it is easy for family and friends to attend.

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See Nursing Home Compare at www.medicare.gov for help. Weight loss is not a normal process of aging.

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Use the tips under nutrition in the Check List to help you evaluate the home.

Even if you have a trusted doctor, ask how often the nursing home's Medical Director visits the home. You should be confident that the home's Medical Director can take care of resident needs, because he or she might be called in emergencies.

Nutrition and Hydration

Lack of proper nutrition, or malnutrition, can be a serious health problem for older people. This problem is more than not getting enough to eat. It also can mean not getting enough vitamins and minerals in your food or not being able to process food after eating.

There are different reasons for malnutrition. Some people just cannot feed themselves and the nursing home does not have enough staff to help them eat. Poor dental health can make eating difficult. Another reason for malnutrition is that people begin to lose their sense of taste and smell around 60 years of age. If food doesn't taste or smell good, people may not feel like eating. Whatever the reason, the effects of malnutrition can lead to confused thinking, a reduced resistance to illness or the ability to recover from illness, and reduced physical ability.

Dehydration is another serious health problem for many older people who may take multiple prescription drugs that dry out their bodies. Also, older people may drink less because:

- They have a decreased sense of thirst and just do not feel thirsty;
- They want to avoid going to the bathroom as often if moving about is difficult for them; or

They do not get help quickly enough to get to the bathroom and are afraid of incontinence.

Not getting enough fluids is dangerous. It can make people more vulnerable to illness and problems like low blood pressure, dizziness, and confusion. Dehydration can even lead to hospitalization.

The Nursing Home Check List

As you visit several homes, it might become difficult to keep all of your observations straight. In the back of this publication you will find a nursing home Check List. Make copies of this Check List and fill out a separate Check List for every nursing home that you visit. Do this during or right after the visit while your memory is fresh.

After visiting several homes and filling out the Check List, you should be ready to decide on some homes that might be a good choice for you or the person you are helping. When you narrow your list down to a small number, it is time to conduct follow-up visits.

FOLLOW-UP VISITS

ou should visit the nursing homes on your list as many additional times as you think necessary. Make sure that you see the home at least once in the evening and on a weekend because staffing and care giving is frequently different at these times. You may want to take the time to get a copy of the nursing home's admission or contract agreements.

Every nursing home should have an admission contract or agreement. Read them carefully. They should not have any statements that make residents give up their rights. Resident rights are described in Chapter 8.

Also, it would be helpful if your follow-up visit included attending a meeting of the nursing home's resident council or family council. Resident and family councils play an active role in promoting quality of life for nursing home residents. Ask if you may attend a meeting or read the minutes from a meeting. They could give you a point of view from the nursing home staff and a closer look at the concerns of the residents or their families.

After your follow-up visits, if it is still difficult to decide upon a nursing home, call the Ombudsman (*) and the other people who provided you with information and help in the past. If you have any additional questions, do not hesitate to contact or visit the nursing home again.

It is possible that more than one nursing home will be a good choice, but you now should have enough information to be confident that you are making a well-informed choice.

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Resident and family councils must be free to act independently from the nursing home's management.

AFTER ADMISSION

ew nursing home residents may go through a difficult adjustment period, even if the nursing home is doing all that it can. The adjustment can be made easier with the support of family and friends. The adjustment also can be made easier by knowing about your resident rights and some special protections under the law.

Respect

Nursing home residents have the right to be treated with dignity and respect. As long as it fits your plan of care, you have the right to make your own schedule, including when you go to bed, rise in the morning, and eat your meals. You have the right to select the activities you would like to attend. You also may have the right to leave the facility with relatives or friends after notifying the staff.

Restraints

It is against the law for a nursing home to use physical and chemical restraints, except when necessary, to treat medical symptoms. Restraints may not be used for discipline or for the convenience of the nursing home staff.

Restrained residents may have decreased functional ability, lower self-esteem and feel depressed or angry. Restraints do not provide security or safety. Residents also are likely to be seriously injured if they fall with a restraint on. A physician must provide medical orders for any use of restraints and give the reason why they are needed except in certain emergency circumstances.

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Set up a filing system to keep track of papers and information about residents' rights, admission and transfer policies, and any other information the home provides.

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Try to extend homeowner or other policies to include resident's belongings.

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Make an inventory of things you bring into the home (including eyeglasses and dentures). Update it regularly.

Managing Money

You have the right to manage your own money or to pick someone you trust to do so. If you request the nursing home to manage your personal funds, you must sign a written statement that authorizes the nursing home to do this for you. However, the nursing home must allow you access to your bank accounts, cash, and other financial records. The nursing home must protect your funds from any loss by purchasing a bond or providing other similar assurances.

Privacy, Property, and Living Arrangements

You have the right to privacy. In addition, you have the right to keep and use your personal property, as long as it does not interfere with the rights, health or safety of others. Your mail should never be opened by the home unless you allow it. The nursing home must have a system in place to keep you safe from neglect and abuse, and to protect your property from theft. See if there is a safe in the facility or cupboards with locked doors in resident rooms. If you and your spouse live in the same home, you are entitled to share a room (if you both agree to do so).

Guardianship and Advance Directives

As a nursing home resident, you are responsible for making your own decisions (unless you are mentally unable or have made legal arrangements for help). You may also draw up a document called an Advance Directive. This sometimes is called a living will because it becomes effective while you are still alive. It is a legal document that says what type of treat-



ment you want or don't want in case you cannot speak for yourself.

If you wish, you may designate someone else to make health care decisions for you. This is called a Durable Power of Attorney for health care. The person you name will become your legal guardian if you ever become incapable of making your own decisions. Depending upon your State's laws, you may need a lawyer to draw up a Durable Power of Attorney order or a living will. Although the nursing home should be able to help you with this, other help is available.

Check with your State Health Insurance Assistance Program (SHIP) () or with the local Office on Aging to find out if your State has any legal assistance services that help with preparing these documents. You will find the phone number for your local Office on Aging in the blue pages of your phone directory.

Visitors

You have the right to spend private time with visitors at any reasonable hour. You have the right to make and receive telephone calls in privacy. The nursing home must permit your family to visit you at any time, as long as you wish to see them. You do not have to see any visitor you do not wish to see. Any person who provides you with health or legal services may see you at any reasonable times.

Medical Care

You have the right to be informed about your medical condition, medications, and to participate in developing your Plan of Care. You have the right to examine your medical records and reports upon request. You

Get a copy of the care plan and the name of the staff who helped create it.

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have the right to refuse medications or treatments, and to see your own doctor.

Social Services

The nursing home must provide each resident with any needed social services, including counseling, mediation of disputes with other residents, assistance in contacting legal and financial professionals, and discharge planning.

Moving Out

Living in a nursing home is voluntary. You are free to move to another place. However, nursing home admission policies usually require that you give proper notice that you are leaving. If you do not give proper notice, you may owe the nursing home money based on the home's proper notice rules. If you are going to another nursing home, make sure the home has a bed for you.

Discharge and Transfer

Whether leaving a room or the nursing home, change can be very traumatic for residents. Nursing homes cannot discharge you unless:

- It is necessary for the welfare, health, or safety of you or others;
- Your health has declined to the point that the nursing home cannot meet your care needs;
- Your health has improved to the point that nursing home care is no longer necessary;

- The nursing home has not been paid for services you received; or
- The nursing home closed.

Except in emergencies, the facility must give a 30 day written notice of discharge or transfer. Residents have the right to appeal a transfer to another facility.

Rights for Families and Friends

Relatives and friends have rights too. Family members and legal guardians have the right to privacy when visiting the nursing home when the resident asks. They also have the right to meet with the families of other residents and to join or address family councils.

By law, nursing homes must develop a plan of care for every resident. Family members are allowed to participate in the development of the care plan with the resident's permission. Relatives who have legal guardianship of nursing home residents have the right to examine all medical records concerning their loved one and the right to make important decisions on his or her behalf.

Family and friends can make sure the resident receives good care. They visit often, know the nursing home's staff and procedures, express concerns to the right staff member, and are active in the nursing home's family council.

Although there are people in the nursing home who may be able to help, if the home does not address your concerns or complaints, call the State's inspection agency or the Long-Term Care Ombudsman. (

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Your local Long-Term Care Ombudsman program can help with any concerns or questions you have about nursing homes.

Family and resident councils provide a strong unified voice for resident concerns.

IMPORTANT NUMBERS

The programs and agencies listed below can help you. Call the Long-Term Care Ombudsman to get help with a complaint about quality of care or life in a nursing home and to get help in mediating a dispute with a nursing home. Call the State to get information about the latest State inspection on nursing homes or to file a complaint against a nursing home. Call the State Health Insurance Assistance Program (SHIP) to get general information about Medicare benefits and programs.

Calls made to the toll free numbers should be free when made within the respective State. The telephone numbers in this section were correct when published. Check the Internet (www.medicare.gov) for current telephone numbers.

| STATE | Long-Term Care Ombudsman | STATE SURVEY AGENCY | State Health Insurance Assistance Program |
|----------------|--------------------------------------|--------------------------------------|---|
| Alabama | 1-877-425-2243 | 1-334-206-5111 1-800-855-1155 трр | 1-800-243-5463 |
| Alaska | 1-907-563-6393 | 1-907-561-8081 | 1-907-269-3680 1-907-269-3691 tdd |
| American Samoa | 1-808-586-0100 | 1-808-692-7420 | 1-888-875-9229 |
| Arizona | 1-602-542-4446 1-602-542-6366 TDD | 1-602-674-9705 | 1-800-432-4040 1-602-542-6366 трр |
| Arkansas | 1-501-682-2441 1-501-682-2443 TDD | 1-800-482-5400 | 1-800-224-6330 |
| California | 1-800-231-4024 | 1-800-236-9747 1-800-735-2922 трр | 1-800-434-0222 |



| STATE | Long-Term Care Ombudsman | STATE SURVEY AGENCY | STATE HEALTH INSURANCE ASSISTANCE PROGRAM |
|-------------------------|--------------------------------------|--------------------------------------|---|
| Colorado | 1-800-288-1376 | 1-303-692-2800 1-303-691-7700 tdd | 1-888-696-7213 1-303-894-7880 |
| Connecticut | 1-860-424-5200 | 1-860-509-7400 1-860-509-7191 tdd | 1-860-424-5245 1-860-842-5424 TDD |
| Delaware | 1-800-223-9074 1-800-964-0303 tdd | 1-302-577-6666 | 1-302-739-6266 |
| District of Columbia | 1-202-434-2099 | 1-202-442-5877 | 1-202-739-0668 1-202-973-1079 тор |
| Florida | 1-831-0404 | 1-888-419-3456 | 1-850-414-2060 1-850-414-2001 tdd |
| Georgia | 1-888-454-5826 | 1-404-657-5850 1-800-255-0056 трр | 1-800-669-8387 |
| Guam | 1-808-586-0100 | 1-808-692-7420 | 1-888-875-9229 |
| Hawaii | 1-808-586-0100 | 1-808-692-7420 | 1-888-875-9229 |
| Idaho | 1-877-471-2777 | 1-208-334-6626 | 1-208-334-4350 1-800-377-3529 tdd |
| Illinois | 1-217-524-6911 | 1-217-782-0321 | 1-217-785-9021 1-217-524-4872 tdd |
| Indiana | | 1-800-246-8909 1-317-233-5577 тор | 1-317-233-3475 |



| STATE | Long-Term Care Ombudsman | STATE SURVEY AGENCY | STATE HEALTH INSURANCE ASSISTANCE PROGRAM |
|---------------|--------------------------------------|--------------------------------------|---|
| Iowa | 1-800-532-3213 1-888-221-3724 tdd | 1-515-281-4115 1-515-242-6515 тор | 1-800-351-4664 |
| Kansas | 1-785-296-3017 | 1-800-842-0078 1-877-235-3151 тор | 1-316-337-7386 1-877-235-3151 тор |
| Kentucky | 1-800-372-2991 1-888-642-1137 тор | 1-502-564-2800 | 1-502-564-2347 1-888-642-1137 тор |
| Louisiana | 1-225-342-7100 | 1-225-342-0148 | 1-225-342-5301 |
| Maine | 1-207-621-1079 1-800-499-0229 tdd | 1-207-624-5443 1-207-624-5512 трр | 1-207-623-1797 |
| Maryland | 1-410-767-1100 1-410-767-1083 tdd | 1-410-402-8000 1-800-735-2258 TDD | 1-410-767-1100 1-410-767-1083 tdd |
| Massachusetts | 1-617-727-7750 1-800-872-0166 tdd | 1-617-753-8000 | 1-617-727-7750 1-800-872-0166 tdd |
| Michigan | 1-517-886-6797 1-800-649-3777 TDD | 1-517-334-8408 | 1-800-803-7174 |
| Minnesota | 1-800-657-3591 1-800-627-3529 тор | 1-800-369-7994 1-651-215-8980 трр | 1-800-333-2433 1-800-627-3529 тор |
| Mississippi | 1-800-948-3090 | 1-800-227-7308 | 1-800-948-3090 |



| STATE | Long-Term Care Ombudsman | STATE SURVEY AGENCY | STATE HEALTH INSURANCE ASSISTANCE PROGRAM |
|-----------------------|--|--------------------------------------|---|
| Missouri | 1-800-309-3282 | 1-800-392-0210 | 1-800-390-3330 |
| Montana | 1-406-444-4077 1-800-253-4091 tdd | 1-406-444-2099 | 1-406-444-7781 1-800-833-8503 tdd |
| Nebraska | 1-402-471-2307 | 1-402-471-2115 1-402-471-9570 трр | 1-800-234-7119 1-800-833-7352 tdd |
| Nevada | 1-702-486-3545 | 1-800-225-3414 | 1-800-307-4444 |
| New Hampshire | е 1-603-271-4375 1-800-735-2964 трр | 1-603-271-4592 1-603-271-3471 тор | 1-603-225-9000 |
| New Jersey | 1-877-582-6995 | 1-609-633-8991 | 1-609-588-3139 |
| New Mexico | 1-505-827-7640 | 1-505-827-4200 | 1-505-827-7640 |
| New York | 1-800-342-9871 | 1-518-478-1133 | 1-800-333-4114 |
| North Carolina | 1-919-733-8395 | 1-919-733-7461 | 1-919-733-0111 |
| North Dakota | 1-800-451-8693 1-701-328-8968 TDD | 1-701-328-2352 1-701-328-2068 TDD | 1-800-247-0560 1-800-366-6888 TDD |
| N. Mariana Islands | 1-808-586-0100 | 1-808-692-7420 | 1-888-875-9229 |

| STATE | Long-Term Care Ombudsman | STATE SURVEY AGENCY | STATE HEALTH INSURANCE ASSISTANCE PROGRAM |
|----------------|--------------------------------------|--------------------------------------|---|
| Ohio | 1-800-282-1206 | 1-614-466-5357 1-614-466-6191 tdd | 1-800-686-1578 1-614-752-9172 tdd |
| Oklahoma | 1-405-521-6734 | 1-405-271-6868 | 1-405-521-6628 |
| Oregon | 1-800-522-2602 1-503-378-5847 трр | 1-503-945-5832 1-503-945-5832 трр | 1-503-947-7984 1-503-947-7280 трр |
| Pennsylvania | 1-717-783-7247 | 1-610-280-3464 1-800-254-5164 | 1-800-783-7067 |
| Puerto Rico | 1-787-725-1515 | 1-787-724-8585 ext. 2157 | 1-877-725-4300 |
| Rhode Island | 1-401-785-3340 | 1-401-222-2566 1-800-745-5555 TDD | 1-401-222-2880 |
| South Carolina | 1-803-898-2850 | 1-803-737-7205 | 1-803-898-2850 |
| South Dakota | 1-605-773-3656 1-800-642-6410 трр | 1-605-773-3356 | 1-605-773-3656 1-800-642-6410 трр |
| Tennessee | 1-615-741-2056 1-800-848-0298 tdd | 1-888-310-4650 | 1-800-525-2816 |
| Texas | 1-800-252-2412 | 1-800-458-9858 | 1-800-252-9240 |
| Utah | 1-801-538-3910 | 1-801-538-6158 | 1-801-538-3910 |



| STATE | Long-Term Care Ombudsman | STATE SURVEY AGENCY | STATE HEALTH INSURANCE ASSISTANCE PROGRAM |
|----------------|-----------------------------|--------------------------------------|---|
| Vermont | 1-802-863-5620 | 1-802-241-2345 | 1-802-748-5182 |
| Virgin Islands | 1-787-725-1515 | 1-340-778-6311 ext. 2338 | 1-340-778-6311 ext. 2338 |
| Virginia | 1-800-552-3402 | 1-800-955-1819 1-800-828-1120 tdd | 1-800-552-3402 |
| Washington | 1-800-562-6028 | 1-800-562-6078 1-800-737-7931 трр | 1-800-397-4422 1-360-407-0409 tdd |
| West Virginia | 1-304-558-3317 | 1-304-558-0050 | 1-877-987-4463 |
| Wisconsin | 1-800-815-0015 | 1-608-266-8481 1-608-266-7376 tdd | 1-800-242-1060 |
| Wyoming | 1-307-322-5553 | 1-307-777-7123 1-307-777-5648 TDD | 1-800-856-4398 |

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CHECK LIST

Check lists can help you evaluate the nursing homes that you visit. Use a new check list for each home you visit. Then, compare the lists. This will help you select a nursing home that is a good choice for you or your relative.

| Facility Name: Date Visit | ED: | |
|---|-----|----|
| Address: | | |
| | | |
| I. Basic Information | YES | NO |
| 1. Medicare Certified | 🔲 | |
| 2. Medicaid Certified | 🔲 | |
| 3. Accepting New Patients | 🗆 | |
| 4. Waiting Period for Admission | | |
| 5. Number of Beds in each category available to you | | |
| | | |

USEFUL TIPS

- ▶ Generally, skilled nursing care is available only for a short period of time after a hospitalization. Basic nursing care is for a much longer period of time. If a facility offers both types of care, learn if residents may transfer between levels of care within the nursing home without having to move from their old room or from the nursing home.
- Nursing homes that only take Medicaid residents might offer longer term but less intensive levels of care. Homes that do not accept Medicaid payment may make a resident move when Medicare or the resident's own money runs out.
- An occupancy rate is the total number of residents currently living in a nursing home divided by the home's total number of beds. Occupancy rates vary by area, depending on the overall number of available nursing home beds.



| II. | Nursing Home Information | YES | NO |
|-----|--|-----|----|
| 1. | | | |
| 2. | The home conducts background checks on all staff | | |
| | The home has Special Services Units | | |
| 4. | The home has Abuse Prevention Training | | |

USEFUL TIPS

- ► LICENSURE: The nursing home and its administrator should be licensed by the State to operate.
- ▶ BACKGROUND CHECKS: Do the nursing home's procedures to screen potential employees for a history of abuse meet your State's requirements? Your State's Ombudsman program might be able to help you with this information.
- ➤ SPECIAL SERVICES: If a nursing home has special service units, learn if there are separate waiting periods or facility guidelines for when residents would be moved on or off the special unit. Some examples are: rehabilitation, Alzheimers, and hospice.
- ➤ STAFF TRAINING: Do the nursing home's training programs educate employees about how to recognize resident abuse and neglect, how to deal with aggressive or difficult residents, and how to deal with the stress of caring for so many needs? Are there clear procedures to identify events or trends that might lead to abuse and neglect, and on how to investigate, report, and resolve your complaints?
- ► LOSS PREVENTION: Are there policies or procedures to safeguard resident possessions?

For Parts three through six, give the nursing home a grade from one to five. One is poor, five is best.



| III. | Quality of Life | Poc |)R | | BES | T |
|------|--|-----|----|---|-----|---|
| 1. | Residents can make choices about their daily routine. Examples are when to go to bed or get up, when to bathe, or when to eat. | 1 | 2 | 3 | 4 | 5 |
| 2. | The interaction between staff and patient is warm and respectful. | 1 | 2 | 3 | 4 | 5 |
| 3. | The home is easy to visit for friends and family. | 1 | 2 | 3 | 4 | 5 |
| 4. | The nursing home meets your cultural, religious, or language needs. | 1 | 2 | 3 | 4 | 5 |
| 5. | The nursing home smells and looks clean and is well-lighted. | 1 | 2 | 3 | 4 | 5 |
| 6. | The home maintains comfortable temperatures. | 1 | 2 | 3 | 4 | 5 |
| 7. | The resident rooms have personal articles and furniture. | 1 | 2 | 3 | 4 | 5 |
| 8. | The public and resident rooms have comfortable furniture. | 1 | 2 | 3 | 4 | 5 |
| 9. | The nursing home and its dining room are generally quiet. | 1 | 2 | 3 | 4 | 5 |
| 10. | Residents may choose from a variety of activities that they like. | 1 | 2 | 3 | 4 | 5 |
| 11. | The nursing home has outside volunteer groups. | 1 | 2 | 3 | 4 | 5 |
| 12. | The nursing home has outdoor areas for resident use and helps residents to get outside. | 1 | 2 | 3 | 4 | 5 |

Total _____



| IV. | Quality of Care | | Poor | | | BEST | |
|-------------|--|-------|------|---|---|------|--|
| 1. | The facility corrected any Quality of Care deficiencies that were in the State inspection report. | 1 | 2 | 3 | 4 | 5 | |
| 2. | Residents may continue to see their personal physician. | 1 | 2 | 3 | 4 | 5 | |
| 3. | Residents are clean, appropriately dressed, and well groomed. | | 2 | 3 | 4 | 5 | |
| 4. | Nursing home staff respond quickly to calls for help. | | 2 | 3 | 4 | 5 | |
| 5. | The administrator and staff seem comfortable with each other and with the residents. | 1 | 2 | 3 | 4 | 5 | |
| 6. | Residents have the same care givers on a daily basis. | 1 | 2 | 3 | 4 | 5 | |
| 7. | There are enough staff at night and on week- ends or holidays to care for each resident. | | 2 | 3 | 4 | 5 | |
| 8. | The home has an arrangement for emergency situations with a nearby hospital. | 1 | 2 | 3 | 4 | 5 | |
| 9. | The family and residents councils are independent from the nursing home's management. | 1 | 2 | 3 | 4 | 5 | |
| 10. | Care plan meetings are held at times that are easy for residents and their family members to attend. | 1 | 2 | 3 | 4 | 5 | |
| Useful Tips | | Total | | | | _ | |

- A good patient/staff ratio is important to good care, but you should also consider other care factors. Examples are staff training programs and how long staff stay at the home. If staff changes frequently, ask why.
- ▶ Good care plans are essential to good care. They should be put together by a team of providers and family and updated as often as necessary.

| V. I | Nutrition and Hydration | Po | OR | | BE | ST |
|------|---|----|-----|---|----|----|
| 1. | The home corrected any deficiencies in these areas that were on the recent survey. | 1 | 2 | 3 | 4 | 5 |
| 2. | There are enough staff to assist each resident who requires help with eating. | 1 | 2 | 3 | 4 | 5 |
| 3. | The food smells and looks good and is served at proper temperatures. | 1 | 2 | 3 | 4 | 5 |
| 4. | Residents are offered choices of food at meal-times. | 1 | 2 | 3 | 4 | 5 |
| 5. | Residents' weight is routinely monitored. | 1 | 2 | 3 | 4 | 5 |
| 6. | There are water pitchers and glasses on tables in the rooms. | 1 | 2 | 3 | 4 | 5 |
| 7. | Staff encourage residents to drink if they are not able to do so on their own. | 1 | 2 | 3 | 4 | 5 |
| 8. | Nutritious snacks are available during the day and evening. | 1 | 2 | 3 | 4 | 5 |
| 9. | The dining room environment encourages residents to relax, socialize, and enjoy their food. | 1 | 2 | 3 | 4 | 5 |
| т т | T | To | ΓAL | | | _ |

USEFUL TIPS

- Ask the professional staff how the medicine a resident takes can effect what they eat and how often they may want something to drink.
- Visit at meal time. Are residents rushed through meals or do they have time to finish eating and to use the meal as an opportunity to socialize with each other?
- Sometimes the food a home serves is fine, but a resident still will not eat. Like everyone, nursing home residents like some control over their diet. Can they select their meals from a menu or select their mealtime?
- If residents need help eating, do care plans specify what type of assistance they will receive?



| VI. | Safety | Po | OR | | B_{E} | ST |
|-----|--|-------|---------------|---|---------|----|
| 1. | There are handrails in the hallways and grab bars in the bathrooms. | 1 | 2 | 3 | 4 | 5 |
| 2. | Exits are clearly marked. | 1 | 2 | 3 | 4 | 5 |
| 3. | Spills and other accidents are cleaned up quickly. | 1 | 2 | 3 | 4 | 5 |
| 4. | Hallways are free of clutter and well-lighted. | 1 | 2 | 3 | 4 | 5 |
| 5. | There are enough staff to help move residents quickly in an emergency. | 1 | 2 | 3 | 4 | 5 |
| 6. | The nursing home has smoke detectors and sprinklers. | 1 | 2 | 3 | 4 | 5 |
| | | Total | | | | |
| | | | ILITY OTAL | | | _ |

OTHER OBSERVATIONS:

DEFINITIONS

ABUSE The willful infliction of injury, unreasonable

confinement, intimidation, or punishment with

physical harm, pain, or mental anguish.

ASSESSMENT The rating or evaluation of a resident's health status

and needs while they are in a nursing home.

CARE PLAN A written strategy that states what services a resident

will receive to reach and keep their best possible physical, mental, and psychosocial well being.

DEFICIENCY A way to show that a nursing home failed to meet one

or more Federal or State requirements.

DEHYDRATION A serious condition where a body's loss of fluids is more

than the amount of fluid taken into the body.

MALNUTRITION A condition caused by the lack (or too much) of

essential nutrients.

MEDIATE To settle differences between two or more parties.

NEGLECT Failure to provide goods or services that are necessary

to avoid physical harm or mental anguish or illness.

LONG-TERM CARE A supporter for nursing home residents who works to

OMBUDSMAN resolve problems between residents and nursing homes.

RESPITE CARE Care given to a nursing home resident so that the usual

care giver can rest.

RESTRAINT Any manual method or physical or mechanical device,

material, or equipment attached to or near a resident's body that he/she cannot remove easily and which

prevents freedom of movement or normal access to

one's own body.

A chemical drug used for discipline or convenience and

is not needed to treat medical symptoms.

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